



Complete Summary

GUIDELINE TITLE

Breast self-examination.

BIBLIOGRAPHIC SOURCE(S)

Rosolowich V, Breast Disease Committee of the Society of Obstetricians and Gynaecologists of Canada. Breast self-examination. J Obstet Gynaecol Can 2006 Aug;28(8):728-30. [21 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Breast cancer

GUIDELINE CATEGORY

Counseling
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology
Oncology

INTENDED USERS

Patients
Physicians

GUIDELINE OBJECTIVE(S)

To examine the value of teaching regular breast self-examination (BSE)

TARGET POPULATION

Women in the general population

INTERVENTIONS AND PRACTICES CONSIDERED

1. Techniques to perform breast self-examination (BSE) proficiently
2. Risks of breast self-examination

MAJOR OUTCOMES CONSIDERED

Reduction in benign biopsy rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Level of Evidence*

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence from well-designed controlled trials without randomization.

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.

II-3: Evidence from comparisons between times or places with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Classification of Recommendations*

- A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- B. There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
- D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
- E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

*Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This committee opinion was developed by the Breast Disease Committee of the Society of Obstetricians and Gynecologists of Canada. It was approved by the Executive and Council of the Society of Obstetricians and Gynecologists of Canada.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence (I-III) and classification of recommendations (A-E) are defined at the end of the "Major Recommendations" field.

Summary Statement

1. Routine teaching of breast self-examination (BSE) does not reduce mortality and likely increases benign biopsy rates. (**I**)

Recommendations

1. BSE should not be routinely taught to women. (**ID**)
2. A full discussion of BSE, including risks, should be provided for the woman who requests it. (**IIIA**)
3. If a woman makes an informed decision to practice BSE, care providers should ensure she is taught the skills and that she performs self-examination proficiently. (**IIIA**)

Definitions:

Level of Evidence*

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.

II-3: Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Classification of Recommendations**

- A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- B. There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
- D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
- E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

*The quality of evidence reported in these guidelines has been adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

**Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Health care professionals can provide better advice for women about the risks and benefits of breast self examination (BSE), and can ensure that women who choose to practise BSE are taught to perform it proficiently.

POTENTIAL HARMS

As well as the increased likelihood of an invasive procedure for a benign result, breast self examination screening can cause emotional distress, an increased probability of diagnostic mammography, and breast deformity and scarring,

although the latter is becoming increasingly less likely with the widespread use of core biopsy.

QUALIFYING STATEMENTS

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This committee opinion reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Rosolowich V, Breast Disease Committee of the Society of Obstetricians and Gynaecologists of Canada. Breast self-examination. J Obstet Gynaecol Can 2006 Aug;28(8):728-30. [21 references] [PubMed](#)

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Aug

GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

GUIDELINE COMMITTEE

Breast Disease Committee of the Society of Obstetricians and Gynaecologists of Canada

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada Web site](#).

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on February 4, 2009. The information was verified by the guideline developer on March 4, 2009.

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